



## Early Intervention Physician Letter

**NOTE TO PHYSICIAN:** Use billing code 1048M

Date: \_\_\_\_\_

Claim Number: \_\_\_\_\_

To: Attending Physician's Address

RE: Injured Worker's Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of last appointment with AP \_\_\_\_\_

**What are your objective medical findings resulting from the injury?**

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**Do you anticipate your patient will be physically able to return to the job of injury without restriction?**

☐ No

☐ Yes    ☐ Now    ☐ In less than 30 days    ☐ In 30-60 days    ☐ In 60 –90 days    ☐ In 90+ days

**Is the worker able to return to transitional or light duty work during medical recovery?**

☐ No

☐ Yes    If Yes, date released for transitional or light duty work \_\_\_\_\_

**Is the worker released to full-time work?**

☐ No    If No    Hours per day \_\_\_\_\_ Days per week \_\_\_\_\_

☐ Yes    ☐ Now    ☐ In less than 30 days    ☐ In 30-60 days    ☐ In 60 –90 days    ☐ In 90+ days

**Please identify restrictions that should be considered when analyzing possible return-to-work options, and indicate if restrictions are ☐ Permanent or ☐ Temporary. Include any comments.**

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Sincerely,

Phone Number	Date	Physician's Signature
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